

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES (DSHS)
MEDICAL ASSISTANCE ADMINISTRATION (MAA)
OLYMPIA, WASHINGTON**

To: Federally Qualified Health Centers
Interpreter Service Agencies
Regional Administrators
CSO Administrators

Memorandum No.: 00-77 MAA
Issued: December 19, 2000

From: James C. Wilson, Assistant Secretary
Medical Assistance Administration

For More Information Call:
Nora Guzman-Dyrseth (360) 725-1313
Tim Roth (360) 725-1316

Subject: Spoken Language Interpreter Services Provided at a Federally Qualified Health Center (FQHC)

Effective for dates of service on or after January 1, 2001, DSHS will cover spoken language interpreter services provided in an FQHC for DSHS clients, including MAA clients, through new contracts awarded by the General Administration (GA) to successful bidders.

MAA will pay for spoken language interpreter services to DSHS clients when the service is provided by:

1. A GA-contracted interpreter agency (see page 3 - *List of Agencies*);
2. An interpreter employed by the FQHC to provide interpreter services (see page 2, *FQHC employed interpreter*); or
3. Via an exception request, an interpreter working independently of a GA-contracted interpreter agency. (see page 2, *Interpreter working independently of a GA-contracted interpreter agency*)

GA-Contracted Interpreter Agencies

When the interpreter service is provided through a GA-contracted interpreter agency, all terms of the GA contract must be followed. The contract is located on the Internet at website <http://www.ga.gov/proc.htm>. Some contract terms of significance include:

1. All interpreters used must be medically certified, qualified, or authorized by DSHS' Language Interpreter Services & Translation (LIST).
2. FQHC staff must request the interpreter through the contracted agency, and schedule the interpreter appointment with the contracted agency. If an individual interpreter schedules an interpreter appointment, MAA considers this a material breach of the contract, and payment is denied. If payment has been made, MAA considers it an overpayment.

3. MAA does not pay for blocks of time. Each request for an interpreter must be tied to a specific DSHS client appointment for an MAA-covered service.
4. MAA does not pay for interpreting over the telephone.
5. DSHS considers client or medical provider no shows a cost of doing business for the GA-contracted interpreter agency.
6. MAA will reimburse for mileage if outside a 30 mile radius of the interpreter's place of business, home or last appointment, whichever is the actual beginning point of departure to an appointment.
7. The GA contractor will bill MAA for all interpreter services provided by a GA-contracted interpreter.
8. FQHC staff must complete the lower portion of the **Appointment Scheduling and Confirmation Record** (DSHS 17-123(X)) form (see *Attachment I*), per instructions on the form, for each interpreter service encounter. The interpreter will complete the upper portion of the form. The FQHC must retain the requester's copy of the form for their records.

FQHC employed interpreter

When the interpreter service is provided by an FQHC employee, hired specifically to provide interpreter services, the FQHC may allocate actual costs for these direct services to clients as actual costs.

Interpreter working independently of a GA-contracted interpreter agency

When the interpreter service is provided by an interpreter not contracted with, nor employed by, a GA-contracted interpreter agency, the FQHC may bill MAA for the actual cost of the service, up to the maximum allowable rate. The maximum allowable rate is \$23.72 per hour. However, the FQHC must first:

1. Verify there are no available GA interpreters.
2. Complete an **Interpreter Services Exception Request** form (*Attachment II*) and take the actions required that are noted on the form.
3. Submit the completed form, along with the completed claim for payment (HCFA-1500), to MAA for approval within 90 days of the date of service. Send the documents to:

MAA - Division of Client Support
PO Box 45534
Olympia, Washington 98504-5534

MAA will review the document for compliance and approve or deny payment. Claims for payment submitted without the necessary documentation will be denied. Continue to use state-unique procedure code 0982M.

To obtain this memorandum and/or attachments electronically, go to: <http://maa.dshs.wa.gov> (click on Numbered Memorandums, Year 2000.)

Listed below, by region, are the names, telephone numbers, fax numbers, and hourly rates for each interpreter agency serving MAA clients, effective January 1, 2001. Interpreter agencies will be reimbursed for interpreter services provided for MAA clients only in the regions that they have been awarded a contract.

REGION 1

Adams, Chelan, Douglas, Ferry, Grant, Lincoln, Okanogan, Pend Oreille, Spokane, Stevens, and Whitman counties.

Name	Telephone #	Fax #	Hourly Rate
Columbia Language Services, Inc.	360-896-3881 ext 18	360-894-4074	\$36.00
Merino Language Link	800-798-5144	800-513-7273	\$39.00
Universal Language Service, Inc.	206-333-0288 or 888-462-0500	206-233-0866 or 877-516-4347	\$33.60

REGION 2

Asotin, Benton, Columbia, Franklin, Garfield, Kittitas, Walla Walla, and Yakima counties.

Name	Telephone #	Fax #	Hourly Rate
Columbia Language Services, Inc.	360-896-3881 ext 18	360-894-4074	\$36.00
Merino Language Link	800-798-5144	800-513-7273	\$36.00
Universal Language Service, Inc.	206-333-0288 or 888-462-0500	206-233-0866 or 877-516-4347	\$33.60

REGION 3

Island, San Juan, Skagit, Snohomish, and Whatcom counties.

Name	Telephone #	Fax #	Hourly Rate
Dynamic Language Center, LTD	206-244-6709	206-243-3795	\$37.00
Foreign Language Specialists, Inc.	206-824-1335 or 425-369-3096	425-369-3098	\$36.00
Merino Language Link	800-806-8089	206-870-8272	\$37.00
Polylang Translation Services	425-455-5158	425-455-4946	\$35.00
The Language Connection L.L.C.	425-277-9045	425-277-0065	\$37.00
The Language Exchange	360-755-9910	360-755-9919	\$37.25
Universal Language Service, Inc.	206-333-0288 or 888-462-0500	206-233-0866 or 877-516-4347	\$35.60

REGION 4

King county

Name	Telephone #	Fax #	Hourly Rate
Cross Cultural Communications, Inc.	253-272-5258	253-272-8524	\$34.00
Dynamic Language Center, LTD	206-244-6709	206-243-3795	\$37.00
Foreign Language Specialists, Inc.	206-824-1335 or 425-369-3096	425-369-3098	\$35.00
Merino Language Link	800-806-8089	206-870-8272	\$38.00
Polylang Translation Services	425-455-5158	425-455-4946	\$35.00
The Language Connection L.L.C.	425-277-9045	425-277-0065	\$35.00
Universal Language Service, Inc.	206-333-0288 or 888-462-0500	206-233-0866 or 877-516-4347	\$35.60

REGION 5

Kitsap and Pierce counties.

Name	Telephone #	Fax #	Hourly Rate
Cross Cultural Communications, Inc.	253-272-5258	253-272-8524	\$35.00
Dynamic Language Center, LTD	206-244-6709	206-243-3795	\$37.00
Foreign Language Specialists, Inc.	206-824-1335 or 425-369-3096	425-369-3098	\$36.00
Merino Language Link	800-806-8089	206-870-8272	\$37.00
Polylang Translation Services	425-455-5158	425-455-4946	\$35.00
Universal Language Service, Inc.	206-333-0288 or 888-462-0500	206-233-0866 or 877-516-4347	\$35.60

REGION 6Clallam, Clark, Cowlitz, Grays Harbor, Jefferson, Klickitat, Lewis, Mason, Pacific,
Skamania, Thurston and Wahkiakum counties.

Name	Telephone #	Fax #	Hourly Rate
Columbia Language Services, Inc.	360-896-3881 ext 18	360-894-4074	\$35.00
Cross Cultural Communications, Inc.	253-272-5258	253-272-8524	\$36.00
Merino Language Link	800-798-5144	800-513-7273	\$37.00
Universal Language Service, Inc.	206-333-0288 or 888-462-0500	206-233-0866 or 877-516-4347	\$33.60

Appointment Scheduling and Confirmation Record

Click on the link below, then find DSHS 17-123(X):

<http://www.wa.gov/dshs/dshsforms/forms/efrms.html>

**Back Page of
Appointment Scheduling and
Confirmation Record**

**FEDERALLY QUALIFIED HEALTH CENTER (FQHC)
INTERPRETER SERVICES EXCEPTION REQUEST**

FQHC NAME _____ FQHC LOCATION/COMMUNITY _____
DSHS REGION _____ DATE OF SERVICE _____
CLIENT NAME _____ CLIENT PIC _____
INTERPRETER NAME _____ LANGUAGE _____
INTERPRETER LIST CERTIFIED/QUALIFIED/AUTHORIZED YES _____ NO _____
SERVICE START TIME _____ SERVICE COMPLETION TIME _____
TOTAL INTERPRETER SERVICE BILLING TIME _____

FQHC staff contacted all the GA contracted interpreter agencies eligible to serve DSHS clients in our DSHS region. None of the interpreter agencies were able to provide a LIST certified interpreter. Listed below are the dates the interpreter agencies were called; and the reasons given the interpreter request could not be filled.

1. INTERPRETER AGENCY _____ DATE OF REQUEST _____
REASON APPOINTMENT COULD NOT BE FILLED _____
2. INTERPRETER AGENCY _____ DATE OF REQUEST _____
REASON APPOINTMENT COULD NOT BE FILLED _____
3. INTERPRETER AGENCY _____ DATE OF REQUEST _____
REASON APPOINTMENT COULD NOT BE FILLED _____
4. INTERPRETER AGENCY _____ DATE OF REQUEST _____
REASON APPOINTMENT COULD NOT BE FILLED _____

The Office for Civil Rights (OCR) issued a guidance memorandum on national origin non-discrimination and Limited-English-Proficiency. The guidance is intended to clarify standards consistent with case law and well-established legal principles that have been developed under Title VI of the Civil Rights Act of 1964. Health and social services programs funded by HHS (DSHS for Medicaid) utilize this guidance memorandum for interpreter services programs.

The guidance memorandum states recipients (DSHS) “should ensure they use persons who are competent to provide interpreter services. Competency does not necessarily mean formal certification as an interpreter, though this certification generally is preferable. However, the competency requirement does contemplate proficiency in both English and the other language, orientation or training which includes the ethics of interpreting, and fundamental knowledge in both languages of any specialized terms and concepts peculiar to the recipient’s program or activity.”

The FQHC requesting approval for payment for interpreter services provided by this non-certified interpreter confirms the terms of the OCR guidance memorandum stated above have been met; and accepts full responsibility for the competency of this non-certified interpreter.

FQHC Staff Signature _____
Date _____